

corticosteroids and fluoroquinolones increased the risk to 6.2 (3.0 to 12.8).

Comment

Current exposure to fluoroquinolones increases the risk of Achilles tendon disorders. This finding is in agreement with a smaller study, in which we found an association between tendinitis and fluoroquinolones.⁵ Our results indicate that this adverse effect is relatively rare, with an overall excess risk of 3.2 cases per 1000 patient years. The effect seems to be restricted to people aged 60 or over, and within this group concomitant use of corticosteroids increased the risk substantially. The proportion of Achilles tendon disorders among patients with both risk factors that is attributable to their interaction was 87%. Although the mechanism is unknown, the sudden onset of some tendinopathies, occasionally after a single dose of a fluoroquinolone, suggests a direct toxic effect on collagen fibres. Prescribers should be aware of this risk, especially in elderly people taking corticosteroids.

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Contributors: PDvdL, MCJMS, and BHChS formulated the design of the study. PDvdL carried out the analyses. PDvdL, MCJMS, and BHChS wrote the paper, and RMCH and HGML edited it. BHChS and HGML are guarantors for the paper.

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Competing interests: MCJMS is a consultant for Lundbeck (France) and Beaufour (UK) and has previously been a consultant for Pfizer (USA), Roche (Switzerland), and Novartis Consumerhealth (Switzerland). None of these consultancies related to quinolones. MCJMS is responsible for research conducted with the integrated primary care information database in the Netherlands, which is supported by project specific grants from GlaxoSmithKline, AstraZeneca, Merck Sharp & Dohme, Pharmacia & Upjohn, Bristol-Myers Squibb, Eli Lilly, Wyeth, and Yamanouchi. MCJMS has conducted research projects on use of antibiotics for Merck & Co (USA) and Bayer (Italy), but none was related to the adverse effects of quinolones.

Relative risk of Achilles tendon disorders associated with use of fluoroquinolones according to age

	Cases	Controls	Crude relative risk (95% CI)	Adjusted relative risk (95% CI)*
All Achilles tendon disorders				
Age <60:	(n=423)	(n=6058)		
No use	308	4387	1.0	1.0
Current use	13	174	1.1 (0.6 to 1.9)	0.9 (0.5 to 1.6)
Recent use	19	240	1.1 (0.7 to 1.8)	1.0 (0.6 to 1.7)
Past use	83	1257	0.9 (0.7 to 1.2)	0.9 (0.7 to 1.1)
Age ≥60:	(n=319)	(n=3942)		
No use	211	2797	1.0	1.0
Current use	33	124	3.5 (2.3 to 5.3)	3.2 (2.1 to 4.9)
Recent use	15	182	1.1 (0.6 to 1.9)	1.0 (0.6 to 1.7)
Past use	60	839	0.9 (0.7 to 1.3)	0.8 (0.6 to 1.1)
Achilles tendon ruptures				
Age <60:	(n=21)	(n=6058)		
No use	18	4387	1.0	1.0
Current use	—	174	—	—
Recent use	—	240	—	—
Past use	3	1257	0.6 (0.2 to 2.0)	0.6 (0.2 to 2.0)
Age ≥60:	(n=17)	(n=3942)		
No use	8	2797	1.0	1.0
Current use	3	124	8.4 (2.2 to 32.2)	7.1 (1.7 to 29.1)
Recent use	2	182	3.8 (0.8 to 18.2)	3.5 (0.7 to 17.3)
Past use	4	839	1.7 (0.5 to 5.5)	1.4 (0.4 to 4.8)
Achilles tendinitis				
Age <60:	(n=402)	(n=6058)		
No use	290	4387	1.0	1.0
Current use	13	174	1.1 (0.6 to 2.0)	1.0 (0.5 to 1.8)
Recent use	19	240	1.2 (0.7 to 1.9)	1.1 (0.7 to 1.8)
Past use	80	1257	1.0 (0.7 to 1.2)	0.9 (0.7 to 1.2)
Age ≥60:	(n=302)	(n=3942)		
No use	203	2797	1.0	1.0
Current use	30	124	3.3 (2.2 to 5.1)	3.1 (2.0 to 4.8)
Recent use	13	182	1.0 (0.6 to 1.8)	0.9 (0.5 to 1.6)
Past use	56	839	0.9 (0.7 to 1.2)	0.8 (0.6 to 1.1)

*Adjusted for sex, age, visits to general practitioner, calendar year, use of corticosteroid, history of musculoskeletal disorders, and obesity.

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The surname I do not have

I come from the south of India—Chennai in Tamil Nadu—and am currently working as a senior house officer in the NHS. I am writing this article to address the problem of surnames facing several Tamil doctors abroad. My name (one and only name) is Radhika. Until I got married, I was called M Radhika. The initial usually denotes the first letter of your father's name or native place—in my case it was the first letter of my father's name, Murugesan (his one and only name). After I was married, I became Radhika Ramkumar, which was fine.

When I came to Britain I was asked to give my surname wherever I went, but there is no concept of surnames in Tamil Nadu. Not knowing what to do, I gave my husband's name as my surname: he, in fact, uses his father's name as his first name and his own name as his surname (I later found out this is a common practice among Tamil doctors). Everything was fine until people started calling me Dr Ramkumar, which is really my husband's name. Back home, I would have been Dr Radhika to patients, or possibly Dr Radhika Ramkumar, but definitely not Dr Ramkumar.

I did some research on this subject. In every other state in India, people have surnames, so they don't have a problem. In Tamil Nadu in the olden days people added their caste names (such as Pillai, Mudaliar, Iyer, etc), which served as "surnames." However, this has been given up by most people (for the best, since there may be up to 50 Pillais in one area of Chennai).

I am at a loss at what to do. Do I have to take up my caste name (which will rekindle the old flames of the caste system among non-resident Indians) or just refuse to give a surname? A name is a very personal thing, and I just cannot accept being called Dr Ramkumar. I welcome comments on this issue from doctors facing similar problems.

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